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J.S. DEPARTMENT OF COMMERCE	ı
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			Application Number	09/477,876
	TRANSMITT	ΓAL	Filing Date	01/05/00
PEJCE	FORM		First Named Inventor	Herring et al.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	to be used for all correspondence aft	ter initial filing)	Group Art Unit	2739
MAR 0 6 2000	K OF		Examiner Name	Not assigned yet
PATENT : TO OTE	Total Number of Pages in This Subm	nission 6	Attorney Docket Number	P04658
		ENCLOS	SURES (check all that app	ly)
	Fee Transmittal Form		nent Papers Application)	After Allowance Communication to Group
	Fee Attached	Drawing	g(s)	Appeal Communication to Board of Appeals and Interferences
	Amendment / Response	Licensir	ng-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
	After Final	Petition and Acc	Routing Slip (PTO/SB/69) companying Petition	Proprietary Information
	Affidavits/declaration(s)	11 1	to Convert to a	Status Letter
	Extension of Time Request	Power of Change Address	of Attorney, Revocation of Correspondence	Additional Enclosure(s) (please identify below):
	Express Abandonment Request	Termina	al Disclaimer	
	Information Disclosure Statemen	4 ==	ntity Statement	
	Certified Copy of Priority Document(s)	Remarks	t for Refund	
	Response to Missing Parts/ Incomplete Application	, tomano	J	
	Response to Missing Parts under 37 CFR 1.52 or 1.53			
	SIGNATI	JRE OF APPLI	CANT, ATTORNEY, OR A	GENT
	Firm John L. Maxir			
	Individual name National Sem	iconductor C	Corporation	
	Signature John	K CM	land	
	Date 28	FB 20	60	

	CERTIFICATE OF MAILING						
I hereby certify that this envelope addressed to:	I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 28 Feb. 2000						
Typed or printed name John L. Maxin							
Signature	Golm & Main	Date	28 Feb 2000				

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PTO/SB/17 (12-98)
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FEE	TR	AN	SMI [*]	TTAL
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TOTAL AMOUNT OF PAYMENT

(\$) 130

Complete if Known					
Application Number	09/477,876				
Filing Date	01/05/00				
First Named Inventor	Herring et al.				
Examiner Name	Not assigned yet				
Group / Art Unit	2739				
Attorney Docket No.	P04658				

The Commissioner is hereby authorized to charge people indicated fees and credit any over payments to: Deposit Account I 40448	METHOD OF PAYMENT (check one)				FI	EE CALCULATION (continued)	
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	Deposit Account National Semiconductor Corporation	127	50	227	25	Surcharge - late provisional filing fee or	150
147 2,520		139	130	139	130	Non-English specification	
2. Payment Enclosed:	Fee Required Under	147	2.520	147	2,520	For filing a request for reexamination	
Check		112	920*	112	920*		
1. BASIC FILING FEE Large Entity Small Entity	Chack Money Other	113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
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2. EXTRA CLAIM FEES SUBTOTAL (1) (\$) 2. EXTRA CLAIM FEES Fee from below Fee Paid Independent	1	121	260	221	130	Request for oral hearing	
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2. EXTRA CLAIM FEES Extra Claims Fee from below Fee Paid Total Claims -20**	114 150 214 75 Provisional limity lee	140	110	240	55	Petition to revive - unavoidable	
2. EXTRA CLAIM FEES Extra Claims	SUBTOTAL (1) (\$)	141	1.210	241	605	Petition to revive - unintentional	
Total Claims	2. EXTRA CLAIM FEES	1		242	605	Utility issue fee (or reissue)	
Total Claims		143	430	243	215	Design issue fee	
Independent	[144	580	244	290	Plant issue fee	
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103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent 120 130 146 760 246 380 Filing a submission after final rejection (37 CFR 1.129(a)) 149 760 249 380 For each additional invention to be examined (37 CFR 1.129(b)) 149 760 249 380 For each additional invention to be examined (37 CFR 1.129(b)) 150 151 152 153 153 153 153 153 153 153 153 153 153	Fee Fee Fee Fee Description	581	40	581	40		
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over original patent Other fee (specify) 110 18 210 9 ** Reissue claims in excess of 20 and over original patent Other fee (specify) Other fee (specify)	104 260 204 130 Multiple dependent claim, if not paid			-		examined (37 CFR 1.129(b))	
and over original patent Other fee (specify)		Other	fee (sp	ecify)			
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SUBMITTED B	Υ		Complete (if	applicable)
Typed or Printed Name	John L. Maxin		Reg. Number	34,668
Signature	Golm L Mark	Date 28 662000	Deposit Account User ID	140448

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FIRST NAMED APPLICANT

FILING/RECEIPT DATE

APPLICATION NUMBER

UNITED STATES DEPARTMENT OF COMMERCE / Patent and Trademark Office

ATTORNEY DOCKET NO./TITLE

Address: COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

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avoid abandonment. 37 CFR 1:136(a). If an	arand Filing Date have been assing FROM THE DATE OF THIS Extensions of time may be obtainly of items 1 or 3 through 5 are compliance with 37 CFR 1.27,	NOTICE within which tained by filing a petition indicated as missing	o file all required items a accompanied by the ex the SURCHARGE set f	and pay any fees intension fee under	required below to the provisions of
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An oath or de	claration in compliance with 37	7 CFR 1 63 licting the	names of all inventors	and signed by the	and the set
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\square 8. The application	was filed in a language other	than English	and a state of the last		8
Applicant mus	t file a verified English translat	tion of the application,	the \$130.00 set forth in	n 37 CFR 1.17(k)	, unless
	bmitted, and a statement that t		rate (37 CFR 1.52(d)).	and the second	3
□ 9. OTHER:	1247	<u> </u>			3
Direct the reply and a	any questions about this notice	to "Attention: Box Mis	ssing Parts.	$\{ (-1)^{n} : (-1)^{n} = 1 \}$	2 ∓
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